

ARKANSAS COURT OF APPEALS
NOT DESIGNATED FOR PUBLICATION
WENDELL L. GRIFFEN, JUDGE

DIVISION IV

CA06-783

February 28, 2007

DORETHA LOCKET
APPELLANT

AN APPEAL FROM THE WORKERS'
COMPENSATION COMMISSION
[F411619]

V.

ARKANSAS CHILDREN'S HOSPITAL
RISK MANAGEMENT RESOURCES
APPELLEES

AFFIRMED

Doretha Locket appeals from a decision of the Workers' Compensation Commission, which found that she failed to prove that the symptoms of her carpal tunnel syndrome were causally related to her employment. She challenges the sufficiency of the evidence to support the finding. We affirm.

Appellant worked as a deli worker for Nutritional Services at Arkansas Children's Hospital for twelve years, preparing and selling sandwiches and wraps. Her job required her to open cans, make and wrap sandwiches, and scoop food. While she occasionally asked for help, she would work unassisted all but about one day a week. Appellant suffered a compensable injury to her hand on May 27, 2003, when it was caught between a door and a rolling cart. She presented to Concentra, her employer's medical provider, where she was diagnosed with a contusion of the wrist and hand. She underwent physical therapy, which appellant testified helped her condition.

Appellant presented to Dr. Robin Perry on October 7, 2003, complaining of numbness in her left hand, with worse pain in the tips of her fingers. The note shows that

appellant took medication that she had from a previous right carpal tunnel injury without relief. Dr. Perry assessed appellant with carpal tunnel syndrome and prescribed a wrist brace and medication. She returned to Dr. Perry on May 25, 2004, complaining of pain and numbness in her right hand. Dr. Perry prescribed more medication and ordered her to remain off-work through June 13, 2004.¹ Appellant then presented to Dr. Scott Carle on May 26, 2004. He noted that appellant's PCP, Dr. Edward Weber, recommended a nerve conduction test; however, he also wrote:

There is no underlying pathology or ongoing active medical condition that is attributed to an occupational illness or injury, which would preclude this individual from returning to full and unrestricted work if he/she so chooses.

Appellant returned to Concentra on May 28, 2004, after a nerve conduction test was performed. She was diagnosed with bilateral carpal tunnel syndrome; however, Dr. William Warren released appellant from Concentra's care and advised her "to see PCP regarding a non-work related condition."

Appellant presented to Dr. Weber on June 9, 2004. On examination, he noted a positive Phalen's and Tinel's sign and tenderness over appellant's flexor carpi radialis tendon. He scheduled carpal tunnel release surgery for June 17, 2004. Appellant then presented to Dr. R.J. Rutherford on August 27, 2004, where she still complained of pain and numbness despite the surgery. After another nerve conduction test, Dr. Rutherford recommended revision carpal tunnel surgery with exploration and possible repair of the recurrent motor nerve. Appellant was later referred to Dr. Michael Moore, who wrote on September 14, 2004:

. . . Her clinical history, physical examination, and the recent nerve condition and EMG study suggest a possible injury to the motor branch of the median nerve. In

¹The record also shows that appellant complained of numbness in her right hand to Dr. Perry on May 4, 2004. However, that doctor's visit was unrelated to her carpal tunnel syndrome.

addition, Ms. Lockett [sic] has persistent numbness in the thumb.

I had a long discussion with Ms. Lockett [sic] regarding her medical [condition] and treatment options. It was my opinion that exploration and repair of the motor branch of the median nerve would not significantly improve her right hand pain symptoms. In addition, repair may not be technically possible. I suspect the ends of the motor nerve have retracted into the median nerve and thenar muscle. Dissection of the motor branch in the median nerve carries a risk of further injury to the nerve. At this time, it is my opinion Ms. Lockett [sic] should begin treatment for the reflex sympathetic dystrophy. She will be seen in the Therapy Unit where she will begin scar massage, scar phoresis, and desensitization. She will also begin stress-loading therapy exercises. Finally, the sensation in her right hand will be evaluated with a Semmes-Weinstein monofilament sensory examination. Ms. Lockett [sic] understands if she does not respond to conservative treatment, exploration of the median nerve may be indicated.

The ALJ found that appellant failed to establish that her carpal tunnel syndrome was causally related to her employment. After restating the law, she stated:

In this case, the only mere mention made in any medical record in evidence with regard to claimant's carpal tunnel syndrome is her visit to her PCP on May 25, 2004, wherein Dr. Perry notes that claimant, "felt this was [an] old workman's comp injury." However, claimant admitted on cross-examination that she does *not* relate her carpal tunnel to her May 2003 hand injury. None of the other doctors claimant saw in regard to her carpal tunnel syndrome even mention her work being a possible cause, except Dr. Carle, the first doctor she saw after her PCP, who specifically found that it was *not* work-related. Clearly, no objective medical findings exist to establish that a work-related carpal tunnel injury, or aggravation of same, occurred in May of 2004, as claimant alleges.

The Commission affirmed and adopted the opinion of the ALJ.

In reviewing decisions from the Workers' Compensation Commission, we view the evidence and all reasonable inferences deducible therefrom in the light most favorable to the Commission's decision and affirm if that decision is supported by substantial evidence. *Smith v. City of Ft. Smith*, 84 Ark. App. 430, 143 S.W.3d 593 (2004). Substantial evidence is evidence that a reasonable mind might accept as adequate to support a conclusion. *Williams v. Prostaff Temps.*, 336 Ark. 510, 988 S.W.2d 1 (1999). The issue is not whether the reviewing court might have reached a different result from the Commission; if reasonable minds could reach the result found by the Commission, we must affirm the

decision. *Minnesota Mining & Mfg. v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999). Normally, we only review the findings of the Commission and not those of the ALJ. *Logan County v. McDonald*, 90 Ark. App. 409, 206 S.W.3d 258 (2005). However, when the Commission adopts the conclusions of the ALJ, as it is authorized to do, we consider both the decision of the Commission and the decision of the ALJ. *Death & Permanent Total Disability Trust Fund v. Branum*, 82 Ark. App. 338, 107 S.W.3d 876 (2003).

For her sole point on appeal, appellant argues that the Commission erred in finding that her carpal tunnel syndrome was not causally related to her employment. Carpal tunnel syndrome is recognized as a gradual-onset injury; hence, it is not necessary that a claimant prove that her carpal tunnel injury was caused by rapid, repetitive motion. *Freeman v. Con-Agra Frozen Foods*, 344 Ark. 296, 40 S.W.3d 760 (2001). A claimant seeking workers' compensation benefits for carpal tunnel syndrome must prove by a preponderance of the evidence that (1) the injury arose out of and in the course of his or her employment; (2) the injury caused internal or external physical harm to the body that required medical services or resulted in disability or death; and (3) the injury was a major cause of the disability or need for treatment. Ark. Code Ann. § 11-9-102(4)(A)(ii) & (E)(ii) (Supp. 2005).

We agree with appellant when she argues that she needed not present objective medical findings to establish the causal relationship between her injury and employment. *See Wal-Mart Stores, Inc. v. VanWagner*, 337 Ark. 443, 990 S.W.2d 522 (1999). However, we do not read the ALJ's opinion to have imposed that requirement upon her when she stated, "Clearly, no objective medical findings exist to establish that a work-related carpal tunnel injury, or aggravation of same, occurred in May of 2004, as claimant alleges." Rather, the ALJ was noting the lack of medical evidence to support appellant's conclusion that her carpal tunnel syndrome was connected to her employment with the hospital. Indeed, all of the medical records were either silent with regard to causation or explicitly found that

appellant's condition was non-work related. While appellant presented evidence showing that she has developed carpal tunnel syndrome, the Commission's finding that her condition is not causally connected to her employment is supported by substantial evidence.

Affirmed.

PITTMAN, C.J., and VAUGHT, J., agree.